SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
WORKFORCE SERVICES
sdjobs.org
OCCUPATIONAL SKILLS TRAINING COST ESTIMATE

Information will be used to determine unmet financial need and appropriate levels of WIOA Individual Training Account funding.

PART A

COMPLETED BY DLR STAFF: Staff member name: _____ Tel: _____

Individual/Student Name	
Training Provider	
Approved Training Program	
Training Period	☐semester ☐quarter ☐other:

Funding Source: ☐Adult/Dislocated Worker   ☐Youth   Anticipated Graduation Date: _____
(MM/YYYY)

Staff: Send this form along with Form 21B to the training provider.

PART B

TRAINING PROVIDER / INSTITUTION

Cost Estimate for training over (choose one): ☐one semester   ☐one quarter   ☐other:_____

Training Period (semester/quarter/other) dates:	From:	To:

I certify that I am authorized by the training provider to provide cost information **below** on behalf of the above-mentioned student. I also certify that this student is accepted into the program/institution listed above and the information on this form is accurate to the best of my knowledge.

Name: _____ Title: _____

Signature: _____ Date: _____

COST ESTIMATE	Total Tuition and Fees related to the Training Program	(x)

Once the cost estimate above is completed, please return this form to the DLR staff member listed in Part A.

PART C

DLR STAFF ONLY

Total Tuition and Fees	minus	**Total Scholarships/Pell Grants***	equals	**Total Unmet Need**
_____ *(x) from Part B*	**–**	_____	**=**	

***** *Total scholarships/Pell grants information is listed on the Financial Aid Award Letter. Unmet need cannot be determined without the Financial Aid Award Letter from the provider/institution. Only include scholarship/grant amounts for the appropriate "Training Period" in Part A.*